

# Strategic National Stockpile Program Preparedness Course Application

## Applicant Information

Name:

Date of Birth:

SSN:

Phone:

Work:

Home:

FAX:

Current Address:

City:

State:

ZIP:

## Employment Information

Employer:

Employer Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP:

Position:

Immediate Supervisor:

## Additional Information

Nearest Major Airport

Any Special Requirements:

Course date your are applying for:

PHS Serial Number (for CCRF tracking):

I authorize the verification of the information provided on this form as to my employment. I have received a copy of this application.

Signature of Applicant:

Date:

**FAX THIS FORM TO:  
ATTENTION: Patty Pettis**

**Fax (404) 687-6649  
Phone: (404) 687-6759**